

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 4																																															
1. CONTRACT PURCH ORDER/AGREEMENT NO. DAAE07-03-D-N073			2. DELIVERY ORDER/CALL NO. 0004		3. DATE OF ORDER/CALL (YYYYMMDD) 2004OCT05		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA4																																																
6. ISSUED BY TACOM WARREN AMSTA-AQ-AHPB RENEE COLLICA (586)574-7096 WARREN, MICHIGAN 48397-5000 EMAIL: COLLICAR@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			CODE W56HZV		7. ADMINISTERED BY (If other than 6) DCMA ORLANDO 3555 MAGUIRE BLVD ORLANDO, FL 32803-3726			CODE S1002A		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)																																															
9. CONTRACTOR SOUTHEAST POWER SYSTEMS OF ORLANDO, INC. 4220 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL. 32804-2789 NAME AND ADDRESS			CODE 3L018		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED																																															
12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15																																																						
14. SHIP TO SEE SCHEDULE			CODE		15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264			CODE HQ0338		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;">16. TYPE OF ORDER</td> <td style="width: 10%; text-align: center;">DELIVERY/ CALL</td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="9" style="padding: 5px;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</td> </tr> <tr> <td style="text-align: center;">PURCHASE</td> <td></td> <td colspan="9" style="padding: 5px;">Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.</td> </tr> <tr> <td colspan="11" style="padding: 5px;">furnish the following on terms specified herein.</td> </tr> <tr> <td colspan="12" style="padding: 5px;">ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</td> </tr> </table>												16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.									PURCHASE		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.									furnish the following on terms specified herein.											ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
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<table style="width: 100%;"> <tr> <td style="width: 30%; text-align: center;">NAME OF CONTRACTOR</td> <td style="width: 30%; text-align: center;">SIGNATURE</td> <td style="width: 30%; text-align: center;">TYPED NAME AND TITLE</td> <td style="width: 10%; text-align: center;">DATE SIGNED (YYYYMMDD)</td> </tr> <tr> <td colspan="4" style="padding: 5px;"><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</td> </tr> </table>												NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)	<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																																									
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17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE																																																									
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT																																															
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders																																																							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA DARYL F. WITTE /SIGNED/ WITTED@TACOM.ARMY.MIL (586)574-7196 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$109,220.00																																															
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED																																																									
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE																																																		
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS																																																
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR																																																
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER																																																
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.																																																
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.																																															

Name of Offeror or Contractor: SOUTHEAST POWER SYSTEMS OF ORLANDO, INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0012	NSN: 2910-00-678-4673 FSCM: 19207 PART NR: 8725292 SECURITY CLASS: Unclassified				
0012AA	SECOND ORDERING YEAR - 5/14/04 THRU 5/13/04 CLIN CONTRACT TYPE: Firm-Fixed-Price NOUN: FUEL PUMP KIT PRON: EH44S365EH PRON AMD: 01 ACRN: AA AMS CD: 060011 <u>Description/Specs./Work Statement</u> TOP DRAWING NR: TDP 8725292 DATE: 31-OCT-2002 <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: SEE PACKAGING REQUIREMENTS SHEET IN TECH DATA LEVEL PRESERVATION: Military LEVEL PACKING: B <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG_CD MARK FOR TP_CD</u> 001 W56HZV4191T773 W25GLU J 2 <u>DEL REL CD QUANTITY DEL DATE</u> 001 138 14-JAN-2005 002 5 14-FEB-2005 FOB POINT: Destination SHIP TO: <u>FREIGHT ADDRESS</u> (W25GLU) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE07-03-D-N073/0004 DOC SUPPL <u>REL CD MILSTRIP ADDR SIG_CD MARK FOR TP_CD</u> 002 W56HZV4191T774 W31GLZ J 2 <u>DEL REL CD QUANTITY DEL DATE</u>	215	EA	\$_____508.00000	\$_____109,220.00

Name of Offeror or Contractor: SOUTHEAST POWER SYSTEMS OF ORLANDO, INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	7214-FEB-2005 FOB POINT: Destination SHIP TO: <u>FREIGHT ADDRESS</u> (W31G1Z) XR W0L7 ANNISTON MUNITIONS CENTER TRANS OFFICER 256 235 6837 CL V 7 FRANKFORD AVE BLDG 380 ANNISTONAL 36201-4199 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE07-03-D-N073/0004				

Name of Offeror or Contractor: SOUTHEAST POWER SYSTEMS OF ORLANDO, INC.

CONTRACT ADMINISTRATION DATA

PRON/										JOB		
LINE	AMS	CD/	OBLG							ORDER	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>
0012AA	EH44S365EH	AA	2	97	X4930AC9D	6D	26KB	S20113			W56HZV	\$ 109,220.00
	060011											
											TOTAL	\$ 109,220.00
SERVICE										ACCOUNTING		
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>							<u>STATION</u>		<u>AMOUNT</u>
Army		AA	97	X4930AC9D	6D	26KB	S20113			W56HZV	\$ 109,220.00	
											TOTAL	\$ 109,220.00